



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hopewell Valley YMCA Before and After School Program

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

CHILD'S NAME:	DATE OF BIRTH:	GRADE:
HEALTH STATEMENT (CHECK ONE) <input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations. <input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.		
<u>SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS</u> Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.		
PARENT/GUARDIAN SIGNATURE:	DATE:	SITE: